



Montana Youth Challenge Academy

790 East Cornell Street, Dillon, MT 59725

Phone: 877-367-6927 or 406- 683-7533

Fax: (406) 683-7538

Website: www.youthchallenge.mt.gov

Facebook: www.facebook/MYCAcademy

To: All Parents/Guardians
From: The Director
Subject: Youth/Parental Commitment

This memorandum is written to all parents, guardians and youth that are considering entering the Montana Youth Challenge Academy. As you have been briefed, the Montana Youth Challenge Academy is voluntary. With that understood, there is going to be a very firm understanding between all parties about the initial commitment that we are asking all Acclimation Phase participants to make.

1. Any youth committed to enter the Montana Youth Challenge Academy will voluntarily agree to complete the full two weeks of the Acclimation Phase.
2. This process is being adopted at Youth Challenge because it is not fair to the youth, academy, or parent to make a commitment to participate and request voluntary discharge after the first day, or the first hour of the Acclimation Phase.
3. Think long and hard before you sign this agreement because you will be held to it. Part of Youth Challenge is that we teach youth to accept responsibility and stand by their decisions. Remember also, that just because you remain for the two weeks of the Acclimation Phase does not mean that you will graduate into Challenge. That decision is left up to the Challenge staff.
4. Challenge reserves the right to remove candidates prior to the end of the Acclimation Phase if they deem necessary.

By signing this memorandum, you are stating that you have been adequately briefed on the two-week Acclimation format and agree to remain at the Acclimation Phase location for the entire two-week duration.

Youth Signature

Parent/Guardian Signature

Montana Youth Challenge Academy
790 East Cornell St.
Dillon MT 59725

<http://www.youthchallenge.mt.gov>

STUDENT INFORMATION

1. _____
Last Name (LEGAL NAME) First Name Middle Name

2. _____
Mailing Address (Street Number, Apt. #)

3. _____
City Zip Code

4. _____ 5. _____ 6. _____
Date of Birth (Month/Day/Year) Age Social Security Number (**REQUIRED**)

7. _____
Student Phone Number

PARENT OR GUARDIAN INFORMATION

8. _____
Last Name First Name Relationship

9. _____
Mailing Address City Zip Code

10. _____
Email Address

11. () _____ 12. () _____ 13. () _____
(Area Code) Home Telephone No. (Area Code) Work Telephone No. (Area Code) Cell Phone Number

14. _____
Last Name First Name Relationship

15. _____
Mailing Address City Zip Code

16. _____
Email Address

17. () _____ 18. () _____ 19. () _____
(Area Code) Home Telephone No. (Area Code) Work Telephone No. (Area Code) Cell Phone Number

20. Approximate Annual Household Income \$ _____ 21. County Student Lives In _____

EDUCATION & EMPLOYMENT OF STUDENT

22. _____
Last High School Attended (School Name, City, State, Zip)

23. _____ 24. _____ 25. _____
Highest Grade Completed Month & Year You Left School Current Employer & Salary (Company Name, City & State)

26. _____
How did you first hear about the Montana Youth Challenge Academy (school counselor, tv, radio, poster, brochure, etc)?

CONSENT FOR MEDICAL CARE

STUDENT INFORMATION:

Name: _____ Allergies: _____
Date of Birth: _____ Age: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip Code: _____

MEDICAL INSURANCE INFORMATION:

*****Please provide a photocopy of insurance card and/or Medicaid card (front and back)*****

Medical Ins. Company: _____ Medicaid or Group # _____
Policy Holders Name: _____ SSN: _____ DOB: _____
Insurance Company Address: _____
Insurance Company Phone Number: _____

RESPONSIBLE PARTY: (Person who is responsible for medical co-pays and outstanding balances)

*****This section is MANDATORY and MUST be filled out completely*****

Name: _____ Relationship to Patient: _____
DOB: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip Code _____
Home & Local Phone: _____ Daytime Phone: _____
Employer Name & Status (i.e. Full/Part/Self/Ret/Un): _____

I hereby grant permission to the Challenge Academy to provide medical care for my son/daughter. If my son/daughter needs an advanced level of routine and/or emergency medical, dental, or behavioral health care, I authorize the Challenge Academy to take him/her to the nearest appropriate medical provide and further authorize the attending medical personnel to provide whatever medical treatment is necessary.

I authorize the attending medical personnel to release all medical records and information to MYCA. In the event of any emergency illness or injury, I understand that reasonable efforts will be made to contact me. I also authorize the nurse and/or MYCA staff to dispense over the counter medications as deemed necessary for the illness or injury.

Montana Youth Challenge does not provide financial coverage for injuries or illnesses incurred while enrolled in the program. Injuries sustained while under program supervision will be submitted to the Office of Workers' Compensation Program (OWCP) for coverage at their discretion. It is further understood that any injuries incurred while out of program supervision, including self-induced injuries of any nature, are the financial responsibility of the parent/s or guardian/s.

Signature of Parent or Guardian

Signature of Academy Student

PROOF OF IMMUNIZATIONS

SECTION A: PARENTAL OBLIGATIONS

It is the responsibility of the parent or guardian of participants in the Montana Youth Challenge Academy to provide proof of immunizations as required in Section 20-5-403, MCA.

SECTION B: LAST SCHOOL OF ATTENDANCE

Please provide the name, address and phone number of the last school attended by this applicant.

APPLICANT NAME: _____

SCHOOL NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

SECTION C: PARENTAL RELEASE

I, as parent or legal guardian of _____ (applicant), do hereby authorize the Montana Youth Challenge Academy to contact health care providers and/or schools of attendance as deemed necessary to obtain verification of immunizations. If the Montana Youth Challenge Academy is unable to obtain complete immunization information, I authorize the Challenge Academy to have this applicant immunized to ensure compliance with state law.

Print Name _____ Relationship to Applicant _____

Signature _____ Date _____

SECTION D: imMTrax Permission Form

Child's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____

Name of Parent/Guardian (Printed): _____

Email: _____

I authorize my health care provider and a public health agency to collect and enter my child's immunization records into the Department of Public Health and Human Services' Immunization Information System (IIS). The IIS is a confidential, computer system that contains immunization records. I understand that information in the registry may be released to a public health agency as well as my health care providers to assist in my child's medical care and treatment. In addition, information may be released to child care facilities and schools in which my child is enrolled to comply with state immunization requirements. I understand that I can revoke this authorization and have my record removed at any time by contacting my local health department.

Client/Parent/ Guardian Signature: _____ Date: _____

Primary Health Care Provider: _____

IZ Consent -101 (10/05/2012)

PARENTAL/GUARDIAN PERMISSION FORM (Complete in Ink)

Academy Student: _____

As the parent(s)/guardian(s) of the above named individual enrolled in the Challenge Academy, I/we authorize the Montana National Guard or the MYCA to transport my/our child/ward in either ground or air vehicles to, from, and around the program domain; and provide the facilities and training during the period of my/our child's/ward's enrollment in the Challenge Academy. Whereas my/our child/ward will accept such transportation entirely upon his/her initiative, risk and responsibility. I/we agree to be responsible for all claims, demands, actions or cause of action on account of any injury or illness to the above named Program Member or personal property which may occur from any cause as a result of said transportation, as well as all ground operations incident thereto.

Signature of Parent/Guardian

Date

Home Address

City

State

Zip

() _____
(Area Code) Home Telephone No.

() _____
(Area Code) Work Telephone No.

EMERGENCY INFORMATION

It is necessary that we are able to reach you by phone before and during the Academy course. We need numbers of relatives, neighbors and/or friends or other agencies where you can be contacted or who could reach you any time of day or night if needed.

NAME

RELATIONSHIP

1. _____

(____)_____	(____)_____	(____)_____
Home Phone Number	Work Phone Number	Cell Number/Pager Number

NAME

RELATIONSHIP

2. _____

(____)_____	(____)_____	(____)_____
Home Phone Number	Work Phone Number	Cell Number/Pager Number

NAME

RELATIONSHIP

3. _____

(____)_____	(____)_____	(____)_____
Home Phone Number	Work Phone Number	Cell Number/Pager Number

GENERAL INFORMATION

1. Have you ever had long periods of depression, attempted suicide, or seriously thought about suicide?

Yes _____ No _____

If yes, please explain: _____

2. Have you ever been hospitalized for psychiatric care, mental disorders, or for drug/alcohol rehabilitation?

Yes _____ No _____

If yes, please explain and give dates of treatment: _____

3. Are you currently seeing a therapist? Yes _____ No _____

If yes, please ensure the Therapist Release Form (page 17) is completed and signed by Therapist.

4. Are you currently on probation or parole? Yes _____ No _____

5. If you are on probation or parole, please give the following information:

- a. The name of the probation officer _____
- b. The phone number of the probation officer _____
- c. The city the officer is located in _____
- d. When you are off of probation _____

6. Are you awaiting a court date? Yes _____ No _____

If yes, when is the court date scheduled? _____

7. Have you spent time in a Youth Detention Facility or Jail? Yes _____ No _____

If yes, please explain and give dates: _____

8. Have you ever been affiliated with a gang in any way? Yes _____ No _____

If yes, please explain: _____

9. Have you withdrawn from high school? Yes _____ No _____

If so, what was your reason for leaving? _____

If you have not withdrawn from high school, will you withdraw or transfer prior to the start of Youth Challenge?

Yes _____ No _____

10. Are you a permanent resident of Montana? Yes _____ No _____

11. Are you a citizen or legal resident of the United States? Yes _____ No _____

12. Have you received a high school diploma or GED? Yes _____ No _____

GENERAL INFORMATION (CONT. PAGE 2)

13. Are you, the applicant, volunteering for the MYCA?

Yes _____

No _____

14. Are you, the applicant, currently charged, or have you ever been convicted of any felony offense?

Yes _____

No _____

15. For the applicant: Please list any pending charges that you are facing and list any convictions that you have had.

Pending Charges: _____

Convictions: _____

16. Do you, the applicant, consent to be drug free from the time you submit the application?

Yes _____

No _____

17. Have you previously applied for this Academy? Yes _____ No _____

I certify that all information provided above is true and correct to the best of my knowledge. I understand that MYCA reserves the right to dis-enroll the youth from Academy if any information is found to be withheld or falsified.

Parent/Guardian

Student

INFORMED CONSENT

The Challenge Academy (MYCA) course can be physically demanding and potentially dangerous. Some participants may find the program physically, mentally and emotionally stressful. This may include experiencing severely upsetting emotions and sensations during the program.

Throughout the Academy, each day is designed to include activities that will challenge each Academy member and still allow for adequate rest and relaxation. There will be three meals a day. Eight hours of sleep are scheduled each day. The course may include such physically strenuous activities as:

1. Daily vigorous physical exercises.
2. A daily run or obstacle course involving several events requiring balance and strength.

Persons with medical conditions or emotional disorders may be more susceptible to adverse effects of physical stress than others. These pre-existing conditions include, and are not limited to, heart disease, nerve and muscular disorders, glandular and metabolic disorders, some respiratory illnesses and high blood pressure.

It is recommended that you DO NOT participate in the Challenge Academy if you:

1. Have been hospitalized or have psychiatrist recommended psychiatric care for a mental disorder. Your current condition is still unstable as determined by your psychiatrist.
2. You are considering seeking psychiatric or other medical support for some emotional problem or issue in your life.
3. You are currently addicted to heroin or cocaine or any other addictive substance.

STATEMENT

I have read and understand the above.

I understand that the MYCA involves a potential risk of physical injury and or emotional upset. I agree that I am responsible for my own physical and emotional well being.

I represent that I have not enrolled in the Challenge Academy either to participate in clinical psychiatric therapy or as a substitute for such.

I know of no episodes in my past history, which suggest to me that I have a physical or emotional disorder that I have not disclosed to MYCA. Further, I know of no recurring symptoms, physical or mental, which suggest to me that I may not be physically or emotionally competent to handle, without damage to others, or myself the kind of physical and mental activity described to me. As a condition of the Academy, I will be examined by a physician or a physician assistant, whose report will be submitted as part of my application, stating that I am physically able to participate in the course.

I understand that psychiatric and mental health reports of any such treatment may be reviewed by a therapist who will advise MYCA as to the appropriateness of this program for my unique condition. I promise to inform the Staff Nurse, Counselor, or the Chief Team Leader at any time during the Challenge Academy, if I experience any physical sensation or mental discomfort, which I consider to be out of the ordinary.

I understand that drugs, alcohol and weapons are not permitted at the Challenge Academy. I agree I will not use or possess drugs, alcohol, or weapons during the program. I hereby waive any objection I might otherwise have and agree that my person or property may be searched during the Academy to assure that I do not possess any drugs, alcohol, or weapons.

I agree to be responsible for any and all bodily injury or property damage incurred by me at the Challenge Academy. I understand no fraternization or relationships beyond platonic are allowed for the duration of Challenge.

Applicants requiring glasses, hearing aids, or other special equipment or testing should arrive at the Acclimation Phase with them. Those requiring urgent dental work should see to it before entering our Academy. We will not provide such equipment or test and cannot arrange for such during the first 4 to 5 weeks of the program. Applicants that wear contact lenses should also bring the required cleaning solutions and equipment as well as a pair of glasses that may be used in the event of eye infection or irritation.

If the applicant is on any prescription medications, they should bring at least a 30-day supply with them. Routine prescription medicines need to be provided by the parent/guardian. They should be mailed to us, ATTN: Medical Technician, at least 1 week before the supply runs out.

The Challenge Academy and the State of Montana do not accept financial responsibility for medical or dental services, treatments, or medications resulting from illness, disease or accidents that are not in the performance of duty.

The participants shall not be considered to be in the performance of duty while not at the assigned location of training or other activity authorized in accordance with the program agreement. Participants shall not be considered to be in the performance of duty while engaged in any unauthorized activity.

Insurance coverage provided by the parent or guardian will be necessary in the event of a doctor, clinic, or hospital visit.

I have read and understand the above and accept the responsibility to ensure my youth is in good physical condition prior to program entrance, and will accept financial responsibility for any injury incurred not in the line of duty.

I AM FREELY AND VOLUNTARILY CHOOSING TO PARTICIPATE IN CHALLENGE ACADEMY. NO PERSON, ORGANIZATION OR CIRCUMSTANCE IS FORCING ME TO PARTICIPATE.

IN CONSIDERATION FOR MY PARTICIPATION IN THIS ACADEMY, I ASSUME FOR MYSELF, MY HEIRS, AND FAMILY MEMBERS, EXECUTORS, ADMINISTRATORS, SUCCESSORS, AND ASSIGNEES, ALL RISK OF HARM, WHICH MAY OCCUR DURING OR AFTER THE CHALLENGE ACADEMY.

I hereby consent to the use of my name, likeness, and speech in any audiotape, videotape, film or photograph produced by the Montana Youth Challenge Academy, to include Social Media Networking (such as Facebook, YouTube, Twitter, etc.) for any business and/or promotional purposes of the Challenge Academy and/or its affiliate partners.

Applicant's Signature_____

Date_____

PARENT/GUARDIAN MUST READ THIS ENTIRE DOCUMENT AND SIGN BELOW:

As parent/legal guardian of the above named minor, I have read this **Informed Consent**, and I approve of his/her participation in Challenge Academy. It is my choice that he/she participates, free of any compulsion or necessity to do so. On behalf of him/her, myself, and my heirs and assigns, I am signing this **Informed Consent**; fully aware that I am responsible for all damage or injury that my son/daughter may cause to herself/himself or others arising out of his/her participation in the Youth Challenge Program or from voluntarily removing herself/himself from the supervision and control of the Youth Challenge Academy.

Parent or Legal Guardian Signature_____

Date_____

APPLICANT'S STATEMENT

23. In 100 words **or less**, and in the **youth's own handwriting**, please complete the following statement: "I should be accepted into the Challenge Academy because...."

24. I have reviewed all the information I have provided and certify that it is true and complete to the best of my knowledge. At this time, I am in good health and not under the influence of any illegal drugs/alcohol.

Applicant's Signature

Date

Youth Last Name: _____ First Name: _____

Parent/Guardian Signature (If Applicant is under 18 Years) Date

*****Complete this form ONLY if youth has been diagnosed with asthma*****
Montana Authorization to Carry and Self-Administer Asthma Medication

For this student to carry and self-administer asthma medication on school grounds or for school sponsored activities, this form must be fully completed by the prescribing physician/provider and an authorizing parent or legal guardian.

Student's Name: _____ School: _____
Sex: (Please circle) Female/Male City/Town: _____
Birthdate: ____ / ____ / ____ School Year: _____ (Renew each year)

Physician's Authorization:

The above named student has my authorization to carry and self administer the following medication:

Medication: (1) _____ Dosage: (1) _____
(2) _____ (2) _____

Reason for prescription(s): _____

Medication(s) to be used under the following conditions: _____

I confirm that this student has been instructed in the proper use of this medication and is able to self-administer this medication on his own with out school personnel supervision. I have provided a written treatment plan for managing asthma or anaphylaxis episodes and for medication use by this student during school hours and school activities.

Signature of Physician _____ Physician's Phone Number _____ Date _____

Backup Medication – The law provides that if the child's health care provider prescribes "backup" medication to be kept at the school, it must be kept in a predetermined location, known to the child, parent and school staff.

The following backup medication has been provided for this student: _____

For Completion by Parent or Guardian

- As the parent/guardian of the above named student, I confirm that this student has been instructed by his/her health care provider on the proper use of this/these medication(s). He/she has demonstrated to me that he/she understands the proper use of this medication. He/she is physically, mentally and behaviorally capable to assume this responsibility. He/she has my permission to self medicate as listed above if needed. If he/she has used an auto-injectable epinephrine, he/she understands the need to alert an adult that emergency medical personnel need to be called. If he/she has used his/her asthma inhaler as prescribed and does not have relief from an asthma attack, he/she understands to alert an adult.
- I also acknowledge that the school district or nonpublic school may not incur liability as a result of any injury arising from the self-administration of medication by the pupil and that I shall indemnify and hold harmless the school district or nonpublic school and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- I agree to also work with the school in establishing a plan for use and storage of backup medication if prescribed, as above, by my child's physician. This will include a predetermined location to keep back up medication to which my child has access in the event of an asthma or anaphylaxis emergency.
- Authorization is hereby granted to release this information to appropriate school personnel and classroom teachers.
- I understand in the event that the medication dosage is altered, a new "self-administration form" must be completed, or the physician may re-write the order on his prescription pad and I, the parent/guardian, will sign the new form and assure the new order is attached.
- I understand it is my responsibility to pick up any unused medication at the end of the school year, and that medication that is not picked up will be disposed of.

Parent/Guardian Signature: _____ Date: _____

(Original signed authorization to the school; a copy of the signed authorization to the parent/guardian and health care provider)

06/05

Montana Youth Challenge Academy **Cadet Medication Profile**

NAME_____ **ALLERGIES**_____

Below is a list of oral over the counter medications kept in stock at the Montana Youth Challenge Academy (MYCA). If your son/daughter is under the age of 18, you must designate which medications you authorize MYCA staff to administer to your son/daughter by filling out the information requested. Please place your signature next to the medications you will allow us to administer on an as needed basis. All over the counter medications will be administered according to package instructions. Montana Youth Challenge Academy reserves the right to use generic medications as substitutes for any of the medications listed below.

Medication	Used For	Signature
Advil	Body aches/fever/headache	
Anbesol	Teeth/gums	
Antibiotic Ointment	Scrapes/abrasions/sores/cuts	
Benadryl Allergy	Allergies/runny nose/itchy throat	
Calamine Lotion	Skin irritations	
Cortaid	Skin irritations	
Immodium	Diarrhea	
Lamisil	Athlete's foot/jock itch	
Lanacane	Skin irritations	
Maalox	Upset stomach/heartburn	
Naproxen Sodium	Body aches/fever/headache	
Pepto Bismol	Upset stomach/nausea/vomiting	
Sore Throat Spray	Sore throat	
Sports Cream	Muscles aches and pain	
Theraflu	Cough/nasal congestion/cold symp	
Tylenol	Body aches/fever/headache	

Medications listed above and not authorized by parent/guardian will only be administered if prescribed by an authorized medical provider. This may necessitate an off site visit to a health care provider and may result in financial responsibility to the parent/guardian.

My signature below verifies I have read and understand this form in its entirety. I understand that I am accepting responsibility for the proper dispensing of the above authorized over the counter medications to my son/daughter. I also understand that MYCA reserves the right to substitute generic brands for any of the medications listed above.

Name (printed)_____ Signature_____

Relationship to Cadet_____ Date_____

Are you currently using any prescribed medications? YES_____ NO_____

If yes, please list all medications and dose and time:

Medicine	Dose	Time

Have you stopped taking prescription medications within the last 3 months? If yes, list medications, reason for taking medications and reason for discontinuing. YES_____ NO_____

Medicine	Reason for Medication	Why did you stop?

Are you allergic to any medications, foods, or other agents such as bee stings, ragweed etc.?

YES_____NO_____

If yes, please list the agent and the way you react to it:

Medications	Reactions	Foods

Have you ever been a patient in a hospital? YES_____ NO_____

If yes, please list the date, hospital and reason:

Date	Hospital	Reason

Have you ever been treated for:

Mental Health? Yes_____ No_____

If yes, please explain:_____

Depression? Yes_____ No_____

If yes, please explain:_____

Suicide Attempts? Yes_____ No_____

If yes, please explain:_____

Drug or Alcohol use? Yes_____ No_____

If yes, please explain:_____

Do you currently use?: Marijuana_____ Meth_____ Crack _____ Cocaine_____ Heroin_____

Other_____ None_____

If yes, please explain and list date of last use:_____

Do you drink alcohol? Yes_____ No_____

If yes, please explain and list date of last use:_____

Do you have any physical handicap that would prevent you from engaging in strenuous physical activity? Yes_____ No_____

If yes, please explain in detail:_____

Client and Therapist Information Release
(complete form ONLY if youth is currently receiving therapy)

Client Release

Information about current and past psychotherapy is vital to the well being of the youth during the Youth Challenge Academy (MYCA). This form will assist MYCA to ensure that participation in the Youth Challenge Academy is considered to be in the best interest of the applicant's mental health.

I, _____, hereby consent to the release of
(print youth's name)
information to the Challenge Academy counselors about my psychiatric history. I understand that this information is vital to ensure my own personal mental well-being in this program and my signing below gives my personal consent to enroll voluntarily into the Challenge Academy. I understand that this information about myself is confidential, and will only be used for the Challenge Academy and will not be released to any parties other than the above mentioned.

Applicant Signature

Date

Parent/Legal Guardian Signature (If under 18 Years)

Date

Therapist Release

I, _____, hereby give my consent for
(print Therapist's name)
client above to enroll in the Youth Challenge Academy (MYCA). I understand that the above client has given signed consent to voluntarily participate in this program. I believe, to the best of my professional analysis, that this it is permissible for this client to participate. By signing below, I have determined that he/she is mentally able to participate in all phases of the Youth Challenge Academy.

Therapist Address : _____

Therapist Phone: () _____

Therapist Signature

Date



As the legal parent/guardian of _____, I do hereby give permission to the staff of the Montana National Guard Youth Challenge Academy to release/share/obtain information to/with/from the agencies listed below. I understand that this program works within a community setting and structure which requires a team approach in order to provide the best education and behavioral intervention to further my student's personal goals.

Please initial each line to indicate consent:

- _____ Jobs for Montana's/America's Graduates Program
- _____ Americorps
- _____ Job Corps
- _____ Previous or future high school counselors or principals or high school employees
- _____ United States Armed Forces recruiters
- _____ Any University or College that the youth may be working towards entrance in
- _____ Vocational or trade school representatives working with youth towards admissions
- _____ Montana Job Service
- _____ Future employers following Graduation from Challenge
- _____ Volunteers/tutors that have contracted with the Challenge Program
- _____ Federal Financial Aid/College financial Aid officers
- _____ AA/NA/ACA instructors
- _____ Probation Officers/Court representatives/ Law Enforcement officials
- _____ Tribal officers or representatives in a working relationship with the Challenge Program
- _____ Clergy members or church affiliates at the youth's request
- _____ Dept. of Labor/Youth Employment Program/Workforce Investment Act Employees
- _____ Summer Youth Employment Program
- _____ Blackfeet Housing Authority (for enrolled tribal members)
- _____ National Guard Bureau employees appointed to oversight of the Challenge Program
- _____ Any additional agency that is cooperating with the Youth Challenge program to further each individual youths' personal goals and progress within the Challenge program guidelines.

I, _____, understand that by initialing above –I have granted permission for the staff of Challenge to consult with professionals/paraprofessionals of these agencies to meet the goals and objectives of the program and the individual youth. I also understand that all medical records are confidential and release of such information will occur only in accordance with the Health Information Protection Act standards as dictated by law. All information shared with the agencies listed above will be done so in good faith that it is intended for use toward bettering the life of and goals for each Challenge youth.

Signature of Parent/Legal Guardian

Date



MYCA Parental Release Form for 14 Month Mentor Phase

Name of Student: _____

As the parent(s)/guardian(s) of the above named individual enrolled in the Challenge Academy, and that individual not yet being age 18, I/we authorize the Montana Youth Challenge Academy to release my youth into the care of an assigned mentor for the purpose of unsupervised visitation. I/we understand that unsupervised means that the youth will not be under the supervision of a Challenge staff member. The youth will be under the care and supervision of the youth's assigned mentor. I/we also grant the release of student records generated at MYCA to an assigned Mentor. I/we understand that the mentor assigned to my youth will be screened prior to being matched. I/we also understand that this screening process shall consist of a law enforcement background check, reference checks as well as a personal interview with Challenge staff. I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana and their employees, acting officially or otherwise from all claims, demands, action or cause of action on account of any injury or illness to the above named Program Member or personal property which may occur from any cause during said mentor visitations over the 17.5 month duration this program.

I understand that by joining the Montana Youth Challenge Academy, I am also committing myself to a 12-Month follow through mentoring program. This Academy will support me in keeping my goals and commitments after I leave the 22 week Residential Phase. The mentoring program will require 100% participation with my mentor and case manager.

I/we and our heirs release and forever discharge the Government of the United States and the Government of the State of Montana, their contractors, volunteers, and employees, acting officially or otherwise from all claims, demands, actions, or cause of action on account of any injury or illness to the above named student or personal property which may occur from any cause during said transportation, as well as all ground operation incidents thereto.

Student's Signature _____

Date _____

Parent/Guardian Signature _____

Date _____

Home Address _____

City _____ State _____ Zip _____

Phone Number: Home/Cell _____ Work _____



****Please note, the following information is collected for Demographic purposes only. This information will NOT be used for consideration of acceptance.**

1. Student Name: _____
 2. Ethnicity (**REQUIRED**): _____
 3. Tribal Enrollment Number (**REQUIRED IF APPLICABLE**): _____
 3. Gender (**REQUIRED**): _____
-

Size Selection

****While attending the Montana Youth Challenge Academy you will be provided numerous items of clothing. Please circle an APPROXIMATE size that you wear. This is NOT going to finalize your size for clothing, rather it will give us a better idea for ordering.**

<u>Shirt</u>	S	M	L	XL	XXL	Other _____
<u>Shorts</u>	S	M	L	XL	XXL	Other _____

Plans to Return to High School

****While attending the Montana Youth Challenge Academy you will be expected to work on a Post Residential Action Plan. Please indicate if you have plans to return to high school in your home community upon successful completion of the Residential Phase of MYCA. Please circle one of the following below:**

YES

I plan to return to high school.

NO

I do NOT plan to return to high school.



Dear Applicant,

Enclosed is the admissions application and information you requested. Please return your completed application as soon as possible. Upon receiving your completed application, I will review it and contact you and request further information if needed. Afterwards, I will submit your application to the next scheduled application review board.

The Acclimation Phase (the first two weeks) of Class 34 of the Montana Youth Challenge Academy will begin Tuesday, January 19, 2016. Graduation from the Residential Phase of the Academy will be Saturday, June 18, 2016 on the campus of the University of Montana Western.

The Post Residential Department (the mentoring department) requires you to identify two potential mentors to mentor you during the post residential phase following graduation from the residential phase of Youth Challenge. The mentoring department will mail the mentor applications and materials to you after I have received your completed admissions application and you have been approved by the review board to enroll in the next class. **Please DO NOT hold your admissions application while you are searching for a mentor.** If you need assistance with any mentor-related information upon acceptance, please contact Michelle Nelon, Mentor Coordinator, at (406) 683-7512.

Please call toll free 1-877-367-6927 if you need further assistance or have any questions. The Montana Youth Challenge Academy exists to help you further develop and achieve your life goals. By completing the application, you are taking the first step toward SUCCESS!

Sincerely,

Chelsey Hutchison
Admissions Coordinator
Montana Youth Challenge Academy



Applicant Checklist

Have you completed the following?

☐

Scheduled an interview with an Admissions Counselor?

☐

Submitted your application?

☐

Submitted copies of all the required documentation? (NOTE: Your application WILL NOT be formally reviewed until we receive your Birth Certificate and Social Security Card. All other documentation must be submitted PRIOR to coming to Challenge.)

- Birth Certificate
- Social Security Card
- Immunization Records
- Medical Insurance Card
- Photo ID
- Academic Transcripts
- Return to School Form (if applicable)
- Copy of IEP (Individualized Education Plan; if applicable)

☐

Scheduled any medical appointments the student will need prior to attending Challenge? (Doctor, Vision, Dental)

☐

Applied for Medicaid if student doesn't have Medical Insurance? (NOTE: If you don't have medical coverage, parents/guardians will be privately billed for any appointments off site.)

☐

Secured a mentor? If not, or if you have any questions about a mentor, please contact Michelle Nelon immediately. (406) 683-7512

☐

Purchased items from the packing list? If you are having difficulty purchasing all of these supplies, please contact your Admissions Counselor immediately.

☐

Arranged Transportation? If you are having difficulty arranging transportation, please contact your Admissions Counselor immediately.

ACCLIMATION PHASE PACKING LIST

Males:

- Swimming trunks with liner **(1)** *No bikini cuts*
- Cotton boxers or briefs **(7)** *white, blue, black, or grey; solid colors only*

Females:

- Regular Bras **(3)** *white, grey, or neutral; solid colors only*
- Sports Bras **(3)** *white, grey, or neutral; solid colors only*
- Cotton panties **(7)** *No bikini cuts or thongs; white, blue, black, or grey; solid colors only*
- One piece swimming suit **(1)** *No V-necks or open bellies/sides*
- Black hair ties **(10)**
- Bobby pins **(1 Package)**
- Hair brush/Comb **(1)**
- Feminine hygiene items **(1 Package)**

Both:

- Prescription eyewear/Contact Lens Solutions/Eye Drops/Lens Case *(If applicable)*
- Prescription drugs **(Minimum 30-Day Supply)** *If applicable*
- Disposable razors **(1 pack)** *No replacement blade razors*
- Shaving cream **(1 can)** *No Aerosol*
- Deodorant **(1 Dispenser)** *Stick, Roll-on, or Glide Only; No Spray*
- Shampoo **(1)**
- Conditioner **(1)** *Optional for males*
- Soap **(1)** *Bar soap only*
- Soap case **(1)**
- Face Wash **(1)** *Optional*
- Toothbrush **(1)**
- Toothbrush Case **(1)**
- Toothpaste **(1 tube)**
- Dental Floss **(1)** *No floss picks*
- Q-Tips **(1 Package)**
- Hand Lotion **(1)** *Optional*
- Finger/Toenail Clippers **(1 of each)** *No files – files can be removed*
- Foot Powder **(1)** *No Spray*
- White Cotton Bath Towels **(2)** *solid white only*
- White Cotton Wash Cloths **(2)** *solid white only*
- Grey Sweatshirt **(1)** *No hoodies or large logos*
- Black Compression Shorts **(2)** *Similar to spandex bicyclist shorts; mid-thigh length*
- White Crew Neck T-Shirts **(7)** *No pockets, designs, or logos*
- Plain White Socks **(7 pairs)** *Crew or Tube socks only; No ankle socks; White only*
- Shower Shoes/Flip Flops **(1)** *Solid colors only*
- Tennis Shoes **(1 pair)** *prefer running shoes with good support; no skater shoes*
- Writing Paper **(1 Notepad or package)** *no wire-bound spiral notebooks*
- Black Ink Pens **(2)** *No click-type pens*
- Pencils **(2)** *#2 lead*
- Pre-Stamped Envelopes **(20)** *place Cadet's first/last name in top left corner*
- Address Book **(1)** *Optional; Not wire-bound/Not Electronic*
- Bible **(1)** *Optional*
- Pictures **(Up to 5)** *Optional; No cigarettes, alcohol, drugs, or offensive gestures etc.*